

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031588

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

53

Primary Registration District No.

3010

Registrar's No.

383

FILED SEP 3 1963

a. COUNTY

Cape Girardeau

b. CITY (If outside corporate limits, give TOWNSHIP only)

Cape Girardeau

Length of stay in 1b

1 1/2 hrs.

c. FULL NAME OF (If NOT in hospital, give location)

Southeast Mo. Hosp

Inside Limits

Yes ☒ No ☐c. CITY
OR
TOWN

Imperial

d. STREET
ADDRESS

Route 1

Inside Limits

Yes ☐ No ☒

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

Deborah

Kay Seabaugh

4. DATE
OF
DEATH

Month

Day

Year

Aug 25 1963

5. SEX

F

6. COLOR OR RACE

W

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12/31/1952

9. AGE (last birthday)

10

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Haron Seabaugh

13b. MOTHER'S MAIDEN NAME

Virginia Hotop

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year and dates of service)

No

None

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Haron Seabaugh Imperial Mo.

18. CAUSE OF DEATH (Enter only one cause per Part I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Status epilepticus

INTERVAL BETWEEN ONSET AND DEATH

6 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Brain tumor

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

8-25-63 to 8-25-63

and last saw her alive on Aug 25, 1963

Death occurred at

11:44 AM

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J. H. Jaeger, MD

22b. ADDRESS

Jackson, Mo

22c. DATE SIGNED

8/26/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

8/27/1963

23c. NAME OF CEMETERY OR CREMATOR

Imperial Cem.

23d. LOCATION (City, town, or county)

Imperial

(State)

Mo.

24. FUNERAL DIRECTOR

McCombs

ADDRESS

Jackson, Mo.

25. DATE RECD. BY LOCAL REG.

8-26-63

26. REGISTRAR'S SIGNATURE

Jimm Kasten

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

SEP 10 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bruce Rocking

Licensed Embalmer No. 5098

P. O. Address Jackson, MS

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.